



Affordable Housing Corporation of Lake County

## Lake County Neighborhood Stabilization Program Loan Transmittal Checklist

Buyer(s): \_\_\_\_\_

Property Purchase Address: \_\_\_\_\_

First Mortgage Lender: \_\_\_\_\_

**1) Submit a complete application package at least 14 business days prior to closing. We are unable to begin processing your application until ALL of the below items are received.**

SUBMISSION DATE: \_\_\_\_\_ Anticipated Date of Closing: \_\_\_\_\_

- \_\_\_\_\_ Last 30 Days Pay Stubs OR Verification of Employment for all Household Members
- \_\_\_\_\_ Most Recent Year's W2s & 1040 Tax Returns (*Two years if seasonal or self-employed*)
- \_\_\_\_\_ Tri Merge Credit Report
- \_\_\_\_\_ Mortgage Application/1003
- \_\_\_\_\_ Most Recent 6 Months of Checking Account Statements
- \_\_\_\_\_ Most Recent 3 Months of Savings Account(s) Statement(s) (*Includes CD's, Money Markets, etc.*)
- \_\_\_\_\_ Most Recent Retirement Account(s) Statement(s)
- \_\_\_\_\_ Completed AHC Pre-Purchase Counseling Form (see AHC's website)
- \_\_\_\_\_ FHA Case # \_\_\_\_\_ (or mark N/A)
- \_\_\_\_\_ Automated Underwriting System (AUS) Findings
- \_\_\_\_\_ Loan Estimate
- \_\_\_\_\_ Mortgage Pre-Approval Letter
- \_\_\_\_\_ AHC's Buyer's Authorization & Certifications Form
- \_\_\_\_\_ Executed Purchase Contract
- \_\_\_\_\_ Credit Report Authorization form (*for non-borrowing spouse—if applicable*)
- \_\_\_\_\_ Verification of Employment form (*for non-borrowing spouse—if applicable*)
- \_\_\_\_\_ Borrower Release of Authorization (*for non-borrowing spouse—if applicable*)

**2) Submit the following items at least 7 business days prior to closing.**

- \_\_\_\_\_ Appraisal Report
- \_\_\_\_\_ Mortgage Loan Commitment Letter (*signed by both buyer and 1<sup>st</sup> mortgage lender*)
- \_\_\_\_\_ Title Report/Invoice & Wiring Instructions (with all applicable parties listed)
- \_\_\_\_\_ Proof of Home Inspection by AHC-Approved NSP Inspector
- \_\_\_\_\_ Preliminary Closing Disclosure

**3) State the primary contact for processing this application.**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Drop Off or Mail Initial Package – Absolutely No Faxes or Email**  
**1590 S. Milwaukee Ave, Ste. 312, Libertyville, IL 60048**  
**847/263-7478**



## Neighborhood Stabilization Program Buyer Authorizations & Certifications

The Affordable Housing Corporation of Lake County ("AHC") is a nonprofit organization established in 1995 that assists Lake County communities and families in buying homes, improving homes and saving homes from foreclosure. Toward that end, AHC rehabilitates distressed properties for resale and provides loans and grants to assist with down payment and closing costs. Learn more at [www.ahclc.org](http://www.ahclc.org). To assist you in applying for homebuyer assistance, your authorization and certification is needed for the below terms. Note that use of the singular pronouns such as "I" and "my" are used in all cases when referring to the Buyer, regardless if the Buyer encompasses two or more individuals.

Buyer(s): \_\_\_\_\_

Property Purchase Address: \_\_\_\_\_

### **PART 1. Release and Authorization**

I agree to provide and authorize release of information among all relevant mortgage lending and program-providing parties. This may include, but is not limited to AHC, the First Mortgage Lender, Second Mortgage Lender, attorneys and title companies involved in the transaction, U.S. Department of Housing and Urban Development, County of Lake, and any other grant/loan-making entities.

### **PART 2. Disclosure Relating to Repayment Obligation**

If approved to purchase an NSP property, I understand that the assistance is provided in the form of a 0%-interest deferred loan, with no monthly payments, and is forgiven after five years starting 60 days after closing on the Property. However, the assistance will become immediately due and payable if any of these circumstances occur prior to 5 years plus 60 days: sale, cash out refinance, transfer, failure to owner-occupy or discovery of fraudulent information provided during the application and closing process. I understand that I will be obligated to sign a mortgage, promissory note and/or recapture agreement. I further understand that AHC acts as a conduit to distribute assistance originating from the investor (Lake County and U.S. Department of Housing and Urban Development), and as such, acts on behalf of those entities in this matter.

### **PART 3. Certification of Personal Investment**

I certify to AHC I have and/or will invest in this purchase as required, including:

- a. A contribution of \$1,000 or 1% of the purchase price (whichever is greater) toward the down payment of the home as evidenced by a copy of canceled check or paid receipt to be provided no later than five (5) days prior to the closing date.
- b. Participation in education and counseling with AHC.
- c. My intent to attend default prevention counseling in the event that I am delinquent on the first mortgage.

### **PART 4. Certification of Eligibility**

I certify to AHC that I am eligible for assistance in that:

- a. All household information and income verification documentation provided to AHC and my first mortgage lender is true and complete in all material respects.

- b. I intend to occupy and maintain the home located at the above-named property address as my principal residence until said property is sold or transferred.
- c. All buyers are a U.S. Citizen or a Permanent Resident Alien.

**PART 5. Certification of Lead-Based Paint Poisoning Education**

I understand that homes constructed prior to 1978 may be at risk for the hazards of lead-based paint poisoning and certify that I have read the EPA's "Protect Your Family from Lead in Your Home" brochure available at [http://www.hud.gov/offices/lead/library/enforcement/pyf\\_eng.pdf](http://www.hud.gov/offices/lead/library/enforcement/pyf_eng.pdf).

**PART 6. Non-borrowing Spouse (only if applicable)**

- a. I agree that a credit report will be pulled for the purpose of collecting monthly debt amounts to be used toward our total debt-to-income ratio.
- b. I agree that a Verification of Employment will be requested by AHC.

**PART 7. Certification of Household Composition**

I certify that the below individuals will occupy the above-named property.

Head of Household: _____	Age: _____	Income: _____
Occupant: _____	Age: _____	Income: _____
Occupant: _____	Age: _____	Income: _____
Occupant: _____	Age: _____	Income: _____
Occupant: _____	Age: _____	Income: _____
Occupant: _____	Age: _____	Income: _____
Occupant: _____	Age: _____	Income: _____
Occupant: _____	Age: _____	Income: _____

**PART 7. Contact Information & Signature**

By my signature below, I certify all information stated herein to be accurate and true. I further understand that it is essential that I am available for timely communication during this process by both by phone and email, and herein provide my contact information.

Buyer 1: _____	Buyer 2: _____	Alternative Contact: _____ (Not living in home)
Cell: _____	Cell: _____	Cell: _____
Alt Phone: _____	Alt Phone: _____	Alt Phone: _____
Email: _____	Email: _____	Email: _____
Signature (Buyer 1): _____	Date: _____	
Signature (Buyer 2): _____	Date: _____	
Signature (Non Borrowing Spouse): _____	Date: _____	



Affordable Housing Corporation of Lake County

# Certification of Home Inspection Education

Homebuyer(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

Inspector Name: \_\_\_\_\_

In so certifying this document, the homebuyer and home inspector certify that the homebuyer was present for the entire inspection and received education both general in nature and personalized to the above property address. Specifically, education encompassed all of the applicable systems and structures below, including a discussion of their purpose, condition, remaining useful life and estimated replacement dates, and required ongoing maintenance.

- Exterior
- Heating system
- Air conditioning
- Plumbing systems
- Electrical systems
- Roof
- Attic
- Insulation
- Ventilation
- Walls
- Floors
- Doors
- Windows
- Basement
- Structural components
- Built-in appliances
- Fireplace & chimney

So certified:

\_\_\_\_\_  
Homebuyer \_\_\_\_\_  
Date

\_\_\_\_\_  
Inspector \_\_\_\_\_  
Date

***This signed form and a copy of the summary inspection must be submitted to AHC's Loan Programs Manager within 5 days.***



### **Borrower's Authorization to Release Information to Non-Borrowing Spouse**

I hereby authorize that my information be discussed for the purpose of servicing and resolving matters relating to my current or potential Affordable Housing Corporation of Lake County (AHC) loan with my spouse and any relevant parties including first and subordinate mortgage lenders, realtors, attorneys, appropriate social service agency representatives, and representatives from grant funding sources such as the County of Lake, the U.S. Dept. of Housing and Urban Development, the Illinois Housing Development Authority, NeighborWorks and its intermediary agencies. In all other circumstances my information will be confidential.

I \_\_\_\_\_ (please print borrower name) certify that I have read and understand the above statement. Any questions I may have had were previously discussed with AHC and answered to my satisfaction. I have been provided with a copy of this document.

\_\_\_\_\_  
Homebuyer Signature

\_\_\_\_\_  
Date



Affordable Housing Corporation of Lake County

**Affordable Housing Corporation of Lake County  
Credit Report Authorization Form for Non-Borrowing Spouse**

**GENERAL INFORMATION**

Client Name(s) & Address(es):

Former address(es) if less than 2 years at above address:

**AUTHORIZATION BY SIGNATURES & PRIVACY INFORMATION**

I hereby authorize the Affordable Housing Corporation of Lake County (AHC) located at 1590 S. Milwaukee Ave., Ste. 312, Libertyville, IL 60048 (Tel: 847/263-7478) to order a tri-merge consumer credit report for the purpose of obtaining approval through AHC's homeownership or owner-occupied rehabilitation programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
D.O.B.

\_\_\_\_\_  
Date

**NOTICE TO BORROWERS:** This is notice to you as required by the Right to Financial Privacy Act of 1978 that HUD/FHA has a right of access to financial records held by financial institutions in connection with the consideration of administration of assistance to you. Financial records involving your transaction will be available to HUD/FHA without further notice or authorization but will not be disclosed or released by this institution to other Government Agency or Department without your consent except as required or permitted by law.

**1590 S. Milwaukee Avenue, Suite 312, Libertyville, IL 60048  
(T) 847.263.7478 (F) 847.263-9381 (w) ahclc.org**

# Request for Verification of Employment

**Privacy Act Notice:** This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

**Instructions:** Lender – Complete items 1 through 7. Have applicant complete item 8. Forward directly to employer named in item 1.  
 Employer – Please complete either Part II or Part III as applicable. Complete Part IV and return directly to lender named in item 2.  
 The form is to be transmitted directly to the lender and is not to be transmitted through the applicant or any other party.

## Part I – Request

1. To (Name and address of employer)	2. From (Name and address of lender) The Affordable Housing Corporation of Lake County 1590 S. Milwaukee Ave. Suite 312 Libertyville, IL 60048
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I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Lender	4. Title Loan Programs Manager	5. Date	6. Lender's Number (Optional) N/A
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I have applied for a mortgage loan and stated that I am now or was formerly employed by you. My signature below authorizes verification of this information.

7. Name and Address of Applicant (include employee or badge number)	8. Signature of Applicant
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## Part II – Verification of Present Employment

9. Applicant's Date of Employment	10. Present Position	11. Probability of Continued Employment
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12A. Current Gross Base Pay (Enter Amount and Check Period) <input type="checkbox"/> Annual <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Weekly \$ _____				13. For Military Personnel Only		14. If Overtime or Bonus is Applicable, Is Its Continuance Likely? Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No Bonus <input type="checkbox"/> Yes <input type="checkbox"/> No
				Pay Grade		
12B. Gross Earnings				Base Pay	\$	16. Date of applicant's next pay increase
Type	Year To Date	Past Year	Past Year	Rations	\$	
Base Pay	Thru _____	\$	\$	Flight or Hazard	\$	
Overtime	\$	\$	\$	Clothing	\$	
Commissions	\$	\$	\$	Quarters	\$	
Bonus	\$	\$	\$	Pro Pay	\$	
Total				Overseas or Combat	\$	17. Projected amount of next pay increase
				Variable Housing Allowance	\$	18. Date of applicant's last pay increase
						19. Amount of last pay increase

20. Remarks (If employee was off work for any length of time, please indicate time period and reason)

## Part III – Verification of Previous Employment

21. Date Hired	23. Salary/Wage at Termination Per (Year) (Month) (Week)		
22. Date Terminated	Base _____	Overtime _____	Bonus _____
24. Reason for Leaving		25. Position Held	

**Part IV – Authorized Signature** - Federal statutes provide severe penalties for any fraud, intentional misrepresentation, or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA Secretary, the U.S.D.A., FmHA/FHA Commissioner, or the HUD/CPD Assistant Secretary.

28. Signature of Employer	27. Title (Please print or type)	28. Date
29. Print or type name signed in Item 26	30. Phone No.	